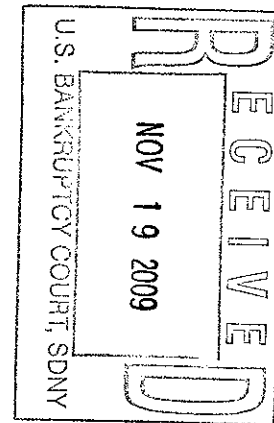


November 13, 2009

To: Clerk of the United States Bankruptcy Court for  
The Southern District of New York  
One Boling Green  
New York, New York 10004

And

Irving H. Picard, Trustee  
C/O Baker & Hostetler LLP  
45 Rockefeller Plaza  
New York, New York 10111



Regarding Claim on BLMIS Account NO 1ZA666

I recently received your letter of denial regarding my claim to my BLMIS account. I would like to put on record that we have filed two other claims and have had no response from you. See enclosed documents.

I am 64 years of age and had been invested with Madoff Securities since 1992. As with any investment your final decision to invest with an investment firm is primarily based on trust. Over the years with Madoff we felt confident in our investment. It had a good track record and never received high returns as reported on the news. In the better days of the stock market we received about the same as any strong mutual fund. There was no reason to be concerned about our investment with Madoff. Yes, we did deposit and we took money out. We didn't take other peoples money. We took what we thought we had just like all the other victims. We have lost all of our retirement including our small independently owned company retirement plan which was invested with Mott Family Investors. See attached. Basically, we are starting over to try to recover while we are healthy enough to do so.

I've enclosed two other investments that were made indirectly with Madoff that are also gone. Mott Family Investors (as mentioned above) and Lakeview Investment L.P. It basically amounts to the amount you claim we took from other customers. We are left with no retirement. We filed a claim on each of these accounts but have had no response from you. We want to make sure this is on record and it's acknowledged that it was received and reviewed.

Thank You,

  
Stephen H. Stern

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

(Please print or type)

Name of Customer: Steve Stern "Stens Corp. PSP #137"  
Mailing Address: 50 Sunrise Lane  
City: Larkspur State: ca Zip: 94939  
Account No.: Moff Family Investors - 68-0369782  
Taxpayer I.D. Number (Social Security No.): ~~88455~~ 0246

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

**1. Claim for money balances as of December 11, 2008:**

- a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Broker a Debit (Dr.) Balance of \$ 0
- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ 0
- d. If balance is zero, insert "None." None

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____✓    |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____✓    |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____✓    |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____✓    |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____✓    |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____✓    |
| 9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.  | _____      | _____✓    |

Please list the full name and address of anyone assisting you in the preparation of this claim form: \_\_\_\_\_

2. Claim for securities as of December 11, 2008:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | <u>YES</u>        | <u>NO</u>         |
|---|-------------------|-------------------|
| a. The Broker owes me securities        | <u>✓</u>          | <u>          </u> |
| b. I owe the Broker securities          | <u>          </u> | <u>✓</u>          |
| c. If yes to either, please list below: |                   |                   |

Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
<u>10/22/08</u>	<u>Mott Family Investors</u>	<u>1,161,002.93</u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date 2/24/09 Signature   
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

February 24, 2009

To whom it may concern:

Enclosed is our customer claim form. We have been invested with Bernard Madoff for several years. In addition to a direct account with Bernard Madoff we also have a profit sharing plan for our small business through the company listed below that was also invested with Madoff.

Included is the last statement we received from Mott Family Investors dated Oct. 22, 2008.

Mott Family Investors      Employer Identification number 68-0369782  
1129 Industrial Ave. #205  
Petaluma, CA 94592

Scott Porter

707-773-3715

Our account with Mott Family Investors is listed as:  
Stens Corporation PSP#137  
Steve Stern  
50 Sunrise Lane  
Larkspur, CA 94939

**MOT Family Investors L.P.**

**20 Nita Way**

**Penngrove, CA 94951**

**(Vc) 415-492-1614 (Fax) 492-0345**

October 22, 2008

Stens Corporation  
Attn: Steve Stern  
50 Sunrise Lane  
Larkspur, CA 94939

Dear Fellow MOT Investors,

Based upon the percentage gain reported to us from the Investment Managers for the quarter ended 9/30/08, the annualized return on the limited partners' equity is approximately 7.629%. This is the percentage return on a partners' capital balance from the beginning of the year assuming no capital contributions or withdrawals during the year. Your return may vary depending upon whether you contributed and/or withdrew capital during the year and when it was done.

Beginning balance	\$ 1,041,340.99
Additions	58,283.00
Withdrawals	-
Income to date, based upon the above calculations	61,378.94
Ending Balance	<u><u>\$ 1,161,002.93</u></u>

Very truly yours,

Scott G. Porter  
President

4579 5952 2565 2154

2002 2030 0000 0002 0002

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DALLAS, TX 75201

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Postage	\$	\$0.59
Certified Fee		\$2.70
Return Receipt Fee (Endorsement Required)		\$2.20
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.49</b>

Postmark  
FEB 11 2009  
DALLAS, TX

Sent To  
\_\_\_\_\_  
Street, Apt. No.,  
or PO Box No.  
\_\_\_\_\_  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

102595-02-11-1540

Domestic Return Receipt

Article Number  
7002 2030 0000 2565 9154

Article Addressed to  
Fruing, David, Esq.  
Trustee for B. Modoff, LLC  
Claims Processing Center  
2100 McKinney Ave. Suite 800  
Dallas, Texas 75201

1. Article Addressed to  
Fruing, David, Esq.  
Trustee for B. Modoff, LLC  
Claims Processing Center  
2100 McKinney Ave. Suite 800  
Dallas, Texas 75201

2. Attach this card to the back of the mailpiece  
so that we can return the card to you.  
3. Print your name and address on the reverse  
item 4. If Restricted Delivery is desired.  
4. Complete items 1, 2, and 3. Also complete  
item 4. If Restricted Delivery is desired.

5. Service Type  
☒ Certified Mail  
☐ Registered Mail  
☐ Return Receipt for Merchandise  
☐ Insured Mail  
☐ C.O.D.

6. Restricted Delivery (Extra fee)  
☐ Yes  
☐ No

7. Is delivery address different from item 1?  
☐ Yes  
☐ No  
If YES, enter delivery address below.

8. Received by (Printed Name)  
\_\_\_\_\_  
C. Date of Delivery  
\_\_\_\_\_  
A. Signature  
\_\_\_\_\_  
X  
Agent  
☐ Addressee

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION



CUSTOMER CLAIM  
Pg 9 of 15

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

(Please print or type)

Name of Customer: Stephen Stern  
 Mailing Address: 50 Sunrise Lane  
 City: Larkspur State: Ca Zip: 94939  
 Account No.: See attached ownership statement  
 Taxpayer I.D. Number (Social Security No.): 000000-0246

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

**1. Claim for money balances as of December 11, 2008:**

- a. The Broker owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Broker a Debit (Dr.) Balance of \$ 0
- c. If you wish to repay the Debit Balance,  
 please insert the amount you wish to repay and  
 attach a check payable to "Irving H. Picard, Esq.,  
 Trustee for Bernard L. Madoff Investment Securities LLC."  
 If you wish to make a payment, it must be enclosed  
 with this claim form. \$ 0
- d. If balance is zero, insert "None." None

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| a. The Broker owes me securities        | <input checked="" type="checkbox"/> |                                     |
| b. I owe the Broker securities          |                                     | <input checked="" type="checkbox"/> |
| c. If yes to either, please list below: |                                     |                                     |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	See attached ownership Statement		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____✓    |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____✓    |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____✓    |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____✓    |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____✓    |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____✓    |
| 9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.  | _____      | _____✓    |

Please list the full name and address of anyone assisting you in the preparation of this claim form: \_\_\_\_\_

**IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.**

Date 2/24/09 Signature   
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

**This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:**

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**SIPC Claim - Bernard L. Madoff Investment Securities, LLC**

Stephen Stern is a partner of Lakeview Investment, LP, which invested indirectly in Bernard L. Madoff Investment Securities, LLC through accounts in the name of Rye Select Broad Market Fund, LP and Senator Fund, LP, and is authorized to execute the SIPC Customer Claim form. The above-named partner owns a combined interest in the securities held in the above-referenced accounts equal to \$ 554,210.74

Date: 2/24/09

Name: \_\_\_\_\_

November 24, 2008

Steve Stern  
50 Sunrise Lane  
Larkspur CA 94939

Dear Investor,

~~Based upon the percentage gain reported to us from the Investment Managers for the quarter ended 9/30/2008,~~  
the annualized return on the limited partners' equity is approximately 12.33%. This is the percentage return on a partners' capital balance from the beginning of the year assuming no capital contributions or withdrawals during the year. Your return may vary depending upon whether you contributed and/or withdrew capital during the year and when it was done.

Beginning Balance at 1/1/2008	340,625.12
Additions	166,666.66
Withdrawals	0.00
Income to date	46,918.96
Ending balance at 9/30/2008	554,210.74

Very Truly Yours,

Richard M. Glantz

7002 2030 0000 2565 6161

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Postage	\$	\$0.59	0453
Certified Fee		\$2.70	
Return Receipt Fee (Endorsement Required)		\$2.20	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.49	

Postmark Here  
MAR 16 2009

Sent To  
Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

U.S. Form 3811, June 2002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Irving Picard, Esq.  
Trustee for B. Madoff Inv.  
Sec. LLC  
Claims Processing Center  
2100 McKinney Ave. #800  
Dallas, Texas 75201

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7002 2030 0000 2565 6161

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540